ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):		FOR COURT USE ONLY
_		
TELEPHONE NO. (Optional): FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
MARRIAGE OF		
PETITIONER:		
RESPONDENT:		
CLAIMANT:		
		
		CASE NUMBER:
NOTICE OF APPEARANCE AND RESPON	SF	
OF EMPLOYEE BENEFIT PLAN	02	
Of EMILECTEL BENEFIT FEAR		
1. An appearance in this proceeding is entered by claimant employee benefit plan (name):		
1. All appearance in this proceeding is entered by diamant employee	benent plan (nam	<i>0).</i>
2. Service on claimant may be made as follows		
,,		
a. Attorney for claimant (name, address, and telephone number):		
b. Other (name, title, address, and telephone number):		
3. Claimant responds to the pleading on joinder and states that the allegations of the pleadings are		
a correct		
b. incorrect as set forth in attachment 3b or as follows (specify):		
D-tt-	Olationa	
Dated:	Claimant	
	Ву	
(TYPE OR PRINT NAME)	- y	(SIGNATURE)